PRINTED: 08/07/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION (X3) DATE S COMPLE		
		175413	B. WIN	G_		08/0	3/2012
	OVIDER OR SUPPLIER		•	,	REET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 253 SS=E	Health Resurvey. 483.15(h)(2) HOUSE MAINTENANCE SEF The facility must proving maintenance service sanitary, orderly, and This REQUIREMENT by: The facility reported Based on observation failed to provide hous services to maintain a interior for the reside Findings included: - On 8/1/12 from 2:3 environmental tour of maintenance staff B,	ride housekeeping and so necessary to maintain a comfortable interior. T is not met as evidenced a census of 83 residents on and interview, the facility sekeeping and maintenance as anitary and comfortable	F	253			
	the wall and floor through the specially at each of 12:09 pm, housekeep got new mops that put the "Country Store" on the floor, approximoutward, around the door, within this room dirt and dust on the treatment to staff C reported, "We	the door ways. On 8/1/12 at bing staff D reported, "We ush the dirt to the sides." contained black dirt and dust nately 6 to 12 inches base of the walls. The half n, contained a layer of black rim boards. Housekeeping don't have a key for this					
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		175413	B. WIN	G		08/0	3/2012
	OVIDER OR SUPPLIER			50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 253	room. We [housekee room." On the South Hallway 1.) One of the 2 commons, contained a 3 flooring, and exposed materials. 2.) One of the 2 commons, contained a blooring some sontained a blooring some soft the shower upward approximately on 3 corners, and alooshower side of the rail Housekeeping staff Colean the shower area shower. 3.) One of the 14 res a 2 by 4 foot area of y wall beside the toilets 4.) One of the 14 res a 1 by 2 foot area of a on the flooring beside 5.) Five areas within contained loose wall paround blank electrica area above the doorw loose wall paper 3 incifire door, and a borde exit door.	mon resident shower/bath by 9 inch area of missing 2 different previous flooring mon resident shower/bath lack substance in the r, along the base of the wall, y 7 inches high on the wall ing a 2 foot area on the sed shower threshold. It reported nursing should a with each resident's ident bathrooms, contained yellow staining on the tile in the toilet. It ident bathrooms, contained a brownish gray discoloration in the toilet. It is corridor lacked and/or paper including; 2 areas all box covers, a 4 by 6 inch yay to the television room, these by 18 inches behind a paper 2 foot in length at an increase.	F	253			
	On the North Hallway	:					

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F 253		e 2 mon resident shower/bath ring with a 1/2 to 1 inch gap	F	253			
	between the edge of	the flooring and the wall, flooring material; thus					
	2.) One of the 2 common resident shower/bath rooms contained a 2 by 4 inch hole in the floor at the whirlpool drain, and exposed an empty cavern of rock and concrete.						
		sidents' bathrooms, tears in the vinyl flooring as producing a surface					
	4.) One of the 15 rescontained a brownish diameter around the	discoloration 1 foot in					
	5.) One of the 15 rescontained a sink with inch missing behind t	an open gap of 2 by 1/2					
	sections of chair rail,	sidents' rooms, contained which lacked a finish, thus making a surface					
	7.) The therapy room floor tiles with black n	n contained 48 square feet of narring.					
	B explained the client they find a loose piece	ental tour, maintenance staff ts pull at the wall paper, "If e they will pick at it." Staff pack down They [the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUF	
		175413	B. WIN	G	 	08/0:	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 601 ASSEMBLY LANE PAOLA, KS 66071		
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F 253	related to the mainter services of the facility The facility failed to p maintenance services comfortable interior for	rovide a policy or procedure nance and housekeeping . rovide housekeeping and s to maintain a sanitary and or the residents.		253 323			
F 323 SS=E	HAZARDS/SUPERVI The facility must ensuenvironment remains as is possible; and ea	SION/DEVICES ure that the resident as free of accident hazards		3 2 3			
	by: The facility reported a Based of observation failed to provide an el from accident hazard facility.	is not met as evidenced a census of 83 residents. and interview, the facility nvironment free as possible s on 2 of 2 halls in the					
	maintenance staff B, in which staff acknow rough threading expo and 1/2 inches above	o pm to 4:00 pm, an the facility, completed with and housekeeping staff C; ledged toilet bolts with sed, which protruded 1 to 1 the bases of the toilets, and a noted areas included; 1 of					

08/03/2012
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Y, STATE, ZIP CODE NE 1
VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SUF COMPLETI	
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	OVIDER OR SUPPLIER			50	EET ADDRESS, CITY, STATE, ZIP CODE D1 ASSEMBLY LANE AOLA, KS 66071		
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F 329	by: The facility identified	is not met as evidenced a census of 83 residents.	F	329			
	observation, interview facility failed to identification residents reviewed for (#1, 15, 54, 74, 69, 9) consequences assoct of medications with be facility further failed to ordered laboratory test	8 residents. Based on and record review, the sy and monitor 7 of 7 or unnecessary medications 1, and 17) for the adverse stated with the administration lack box warnings. The pootain timely physician st to monitor the therapeutic ordered for 1 resident #74.					
	facility admitted the rediagnoses which includisorder (a mental disrecurring distortions adisordered thinking),	sorder characterized by and perception and convulsions (disorder of the ncontrolled abnormal body					
	morning, ordered 10/2 tachycardia (rapid he The 2011 Lexi-Comp for Nursing, 12th Edit metoprolol (Toprol-XI	box warnings: release) 25 milligrams each 25/06, for diagnosis of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 329	Coronary Artery Dise over 1-2 weeks to av hypertension, and/or FazaClo, 200 milligra milligrams, at noon; a bedtime, ordered 9/3 schizoaffective disord. The 2011 Lexi-Comp for Nursing, 12th Editidentified the medical with the following blarisk of agranulocytosis Seizures have been a use in a dose-dependent of myocarditis have be the first month of the also reported. May call (with or without syncomilliliters, administer milligrams) at bedtim convulsions and schilliliters, administer at 8:00 A.M., ordered schizoaffective disord. The 2011 Lexi-Comp for Nursing, 12th Editidentified valporic acifollowing black box wilfe-threatening pancing milligrams.	particularly in patients with ase), but gradually tapered oid acute tachycardia, ischemia." ms, at 8:00 A.M.; 100 and 300 milligrams, at 0/09, for diagnosis of der. Drug Information Handbook ion, pages 329-332 cion clozapine (FazaClo), ck box warnings: "Significant s, potentially life-threatening. associated with clozapine dent manner. Fatalities due leen reported; highest risk in rapy, however later cases ause orthostasis hypotension ope)." n 250 milligrams in 5 20 milligrams in 5 20 milligrams in 5 10 milliliters (500 milligrams) 5/20/12 for convulsions and der. Drug Information handbook ion, pages 1465-1468, d (depakene), with the	F	329			

STATEMENT OF DEFICIEN AND PLAN OF CORRECTIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING		(X3) DATE SUR COMPLETE	
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MEDICALODGES PA				5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
Review of recorded following medication FazaClo, Haldol ta Toprol XI black box. However to identify revealed resident for with the ablack box. Review of (MAR), downwith black the specific of the advantage of the side of	that, "The re- routine or P routine or Advair, ferrous sulfa rolet, hydroch warnings." the plan of routine plan to a routine specific no plan to a routine or adverse or routinistratio warnings. f the medica ated 7/1/12, routine black box rerse consection, on 8/2/1 ent ambulat routine or routine or routine routine routine or routine routine routine or routine routine or routine routine or routine routine routine or routine routine routine or routine routine or routine routine or routine routine routine or rout		F	329			

		(X3) DATE SUF COMPLETI					
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F 329	staff A, reported a nethe care plans with bladding the specific bladding for each medital warning for each medital the resident. On 8/1/12 8:25 P.M. a E, reported that the faindividual medications black box warnings b Administrative nursing box warning not on that the facility a provided the facility a associated with black on 8/1/12 at 9:45 A.M. consultant G, reporte not implemented any on hold. Administrative that the facility needed monitor side effects of warnings. On 8/1/12 at 4:15 P.M. staff F, acknowledged to the facility to add the warning to the medical Not aware the facility	M. administrative nursing w corporate policy to change ack box warnings and ack box warnings to each re plan as the care plans at, the facility just had a identified the black box dication, but not specific to administrative nursing staff acility originally identified the son the plan of care with ut not the specific warning . It is greatly a surface and general list of side effects abox warnings. M., licensed nursing d that the corporation had changes yet, the plan was re nursing staff G confirmed d to have a system to if medications with black box. M., consultant pharmacist d several recommendations	F	329			

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		175413	B. WING		08	/03/2012
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F 329	staff A, reported the medications with black medications with black. The facility lacked a pidentify the specific in plan of care or to ide side effects of the medication for adverse with the administration black box warnings for the facility admitted the facility	M., administrative nursing facility lacked a policy for ck box warnings. colicy to direct staff to nedications on the resident's ntify the specific adverse edications. dentify and monitor the consequences associated on of these medications with or this resident. for resident #15, revealed he resident on 10/21/09, with uded schizoaffective sorder characterized by and perception and and diabetes mellitus type 2 ugar levels), vealed the following ck box warnings: on (valproate sodium), 250 ers, give 500 milligrams (10 wice daily, ordered 4/28/11,	F 32	29		
		reatitis, occurring at the start g years of use, have been				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		ELE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 329	daily with meals, order for diabetes mellitus to the composition of th	in), 1000 milligrams, twice ared 11/4/10, for diagnosis of type 2. Drug Information Handbook fon, page 905, identified the ge (metformin), with the farming: "Lactic acidosis is a evere consequence of n." Drug Information handbook fon, page 721, identified the with the following black box fon-steriodal ges) are associated with an erse cardiovascular cluding fatal MI and stroke. The risk of gastrointestinal in, ulceration, bleeding, and are) 15 milligrams, twice foon, dated 8/4/10, for er. Drug Information Handbook fon, page 922-923, identified ing black box warning: bendency exists - avoid in patients who have	F	329			

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F 329	recorded, "The reside medications on eithe needed) basis: Actos Depakene suspension Ritalin, Synthroid, Tra Consta, Ibuprofen, Tra These medications has to identify the specific revealed no plan to a resident for adverse with the administration black box warnings. Review of the medications has to include the adverse consequence of the adverse consequence of the adverse consequence of the adverse consequence of the Act of the	f care, dated 7/24/12, ent received the following r a routine or PRN (as s, Aspirin (NSAID), Celexa, en, Geodon, Glucophage, eazodone, Vasotec, Risperdal ylenol and Zyprexa Zydis. eave black box warnings." I care, dated 7/24/12, failed to black box warning and enders the monitoring of the consequences associated on of these medications with eation administration record identified these medications engs, however failed to reveal a warnings and/or monitoring equences associated with the medications. Eacy Consultant Reports the three most prevalent with 1) clinical monitoring, 2) and 3) Diagnosis. System	F	329			

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F 329	visits recommendation 19%. Focus areas: placommunications - I ne reconcile. 1) F-tag for and 2) Quality Assurablack box warnings - director of nursing." On 5/31/12, The Three focus dealt with: 1. blamonitoring and 3) druices dealt with: 1. blamonitoring and 3. druices dealt with: 1. blamonitoring.	e center's follow up of last ins was determined to be lease follow up on leed to see response to cous - behavior monitoring lance Committee Meeting - discussed. Exited with the lease most prevalent areas of lack box warning 2) clinical gedrug interaction." If 2 at 2:00 P.M. revealed the main nursing desk and lease and then the resident lease temples of his/her glasses. M., licensed nursing staff H, lox warnings had really bad lations and the facility listed lease medication administration M., direct care staff I, warnings listed on the lations in the care plan. M. administrative nursing vacorporate policy to change	F	329	DETICIENCY)		

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(X4) ID PREFIX TAG			1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 329	reported that the facilindividual medication black box warnings be Administrative nursin box warning not on the nursing staff E report attends the Quality A provided the facility a associated with black On 8/1/12 at 9:45 A.M. consultant G, reported not implemented any on hold. Administrative that the facility needed monitor side effects of warnings. On 8/1/12 at 4:15 P.M. staff F, acknowledged to the facility to add the warning to the medical Not aware the facility care plans non-specific warnings. On 8/1/12 at 4:00 P.M. staff A, reported the facility lacked a pidentify the specific medications with black the facility lacked a pidentify the specific medication of care or to identify the specific medication of the medicat	administrative nursing staff E ity originally identified the son the plan of care with ut not the specific warning. It is get a staff E confirmed the black he care plan. Administrative hed the pharmacy consultant surance meetings and general list of side effects is box warnings. M., licensed nursing do that the corporation had changes yet, the plan was be nursing staff G confirmed had to have a system to be medications with black box ations on the plan of care. Was making the residents' fice regarding black box M., administrative nursing acility lacked a policy for the kox warnings. Dolicy to direct staff to medications on the resident's nursify the specific adverse	F	329			

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F 329	with the administration black box warnings. The clinical record diagnoses which incomplete schizophrenia, (a typ which a person lose unable to tell the difficant not real, unable hear voices). Physician's orders remedications with BB Haldol, 1 milligram, I bedtime, ordered 6/schizophrenia. The 2011 Lexi-Complete Nursing, page 69 black box warning: "increased risk of deatreatment of dement QT interval, life three occur. May cause ar sedating or cause expedition of the pain. The MARs (medication from April through Jumedication administration).	consequences associated on of these medications with	F	329			

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F 329	for Nursing, page 72 black box warning: "It anti-inflammatory drurisk of serious cardio myocardial infarction fatal. This risk may in Patients with cardiov factors for cardiovase greater risk. NSAIDs serious gastrointestin bleeding, ulceration, stomach or intestines events can occur at a without warning symplement of the plan of revealed no plan to a resident for adverse with the administration black box warnings. The current July, 201 medications with black box warnings. The current July, 201 medications with black side effects, but faile BBW for the medicat necessary monitoring associated with the modern of 7/31/12 at 2:45 President sat in his/hedentures, they fit okaloutside to smoke.	Drug Information Handbook 1, identified the following NSAIDs (nonsteroidal 1g) may cause an increased vascular thrombotic events, 1, and stroke, which can be ncrease with duration of use. 1 ascular disease or risk 1 cular disease may be at 1 cause an increased risk of 1 nal adverse events including 1 and perforation of the 1 s, which can be fatal. These 1 any time during use and 1 potoms 1 care, dated 7/7/2012, 1 ddress the monitoring of the 1 consequences associated 1 on of these medications with 1 change of the second of the s	F	329			

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F 329	staff H reported black of medications and the side side effects on administration record. On 7/31/12 at 4:00 Preported the black boresident's MAR, and facility staff must go I. On 8/1/12 at 8:25 AM administrative staff Foriginally putting the rand identifying that the putting the specific w BBW is not on the caconsultant comes to meeting and has give medication side effect. On 8/1/12 at 9:45 AM nursing staff G report made any changes yellack box warnings, the facility needs to have black box warnings." On 8/1/12 at 4:00 PM staff A stated, "The facility failed to it resident for adverse of the side of the si	at 4:00 PM, licensed nursing a box warnings were effects be facility listed the really bad the medication. M, direct care staff I, x warnings as listed on the con the care plan and that the book them up. I, interview with licensed revealed, "We were medications on the care plan are plan. The replan. The pharmacy the QA (quality assurance) on the facility a general list of the plan is on hold. The a system to monitor for I, administrative nursing acility does not have a policy	F	329			

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 329	Continued From page	e 17	F	329			
	resident admitted to the diagnoses which includisorder (A mental illing tell the difference between the isnot real, and to thin the physician's orders resemble the image of t	ness that makes it hard to ween what is real and what is k clearly.) wealed the following (V) (black box warnings): 00 milligrams, daily at (4/2012, and 900 milligrams, ordered 2/25/2012, for meneric disorder. Drug Information Handbook (1) identified Lithium (5) following black box warning (5) sely related to serum levels apeutic doses: serum (5) are anticholeringic effects,					
	resident received rout medications. The card medication have blac to the resident's MAR	2, care plan identified the tine /PRN (as needed) e plan documented, "These k box warnings. Please refer [medication administration dverse side effects required]					
	Haldol Deconate, 200 (intramuscularly) injectordered 2/3/2011, for						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G_		08/03	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 329	for Nursing, page 694 black box warning: "Nincreased risk of deat treatment of dementia QT interval, life threat occur. May cause efforce. May cau	Drug Information Handbook In identified Haldol with the Iday be inappropriate for In Not approved for the Ida related psychosis, prolong Identified Haldol with the Ida related psychosis, prolong Identified Haldol with ith Identified Haldol with ith Identified Haldol with Identified Haldol With Identified Haldol Haldol Identified Haldol Identified Haldol Identified Haldol Identified Haldol Haldol Identified Haldol Identified Haldol With Identified Haldol Identified Haldol With the Ide	F	329			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G		08/0	3/2012
	ROVIDER OR SUPPLIER		•	501	ET ADDRESS, CITY, STATE, ZIP CODE ASSEMBLY LANE OLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 329	On 8/1/12 at 4:00 Pl staff A stated, "The for black box warning." The facility failed to resident for adverse with the administrati black box warnings. Furthermore, the 5/2 documented for the 25 meq.(milliequilva) On 8/1/12 at 1:30 Pl record for the reside laboratory result she testing) with a physi in 6 weeks. Further revealed a lack of la corresponding to thi medical record. On 8/1/12 at 1:45 Pl verified the resident the physician order TSH laboratory test "You will have to che completed." On 8/1/12 at 2:17 Pl explained, " I didn't sheet. That lab has scheduled for the 1s moved it up since fir	e a system to monitor for M, administrative nursing facility does not have a policy gs." identify and monitor the consequences associated on of these medications with 2/12, physician order, staff to administer synthroid, lents), by mouth, daily. M, review of the medical ent, revealed the 5/2/12, eet for T4 and TSH (thyroid cian order to test these again review of the clinical record	F	329			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
	175413	B. WIN	G_		08/0	3/2012
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION S		_D BE	(X5) COMPLETION DATE
The facility failed to collaboratory testing to emonitoring and therapy medication for this result the resident admitted with diagnoses which (a condition in which poetween periods of a Physician's orders, remedications with a blatch lithium Carbonate, 30 times daily, ordered 1 bipolar disorder. The 2011, 16th Edition Drug Handbook, page following black box word closely related to serve therapeutic doses; seare required to monitor Review of the plan of revealed the resident medication on a routin However the care platinformation related to adverse associated withese medications with Review of the medication on a routing However the care platinformation related to adverse associated with Review of the medications with Review of the medications with Review of the medication on the revenue of the medications with Review of the medication on the revenue of the medication of the medications with Review of the medication of the revenue of the medication of the med	complete the physician order ensure adequate medication beutic effect of the sident. For resident #69, revealed to the facility on 8/19/2008, including; bipolar disorder beople go back and forth very good or irritable mood). In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium carbonate or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium carbonate or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy." In Lexi-Comp's Geriatric en 1025, identified the arning: "Lithium toxicity is am levels and can occur at rum lithium determinations or therapy."	F	329	,		
	CONIDER OR SUPPLIER DDGES PAOLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page The facility failed to collaboratory testing to elemonitoring and therap medication for this res The clinical record of the resident admitted with diagnoses which (a condition in which plates between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with a blate between periods of a Physician's orders, remedications with experience of the resident or a plant of the plan of revealed the resident medication on a routing However the care plant information related to adverse associated withese medications with blace of the medications with blace or province of the medications with blace or province	TODGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 The facility failed to complete the physician order laboratory testing to ensure adequate medication monitoring and therapeutic effect of the medication for this resident. - The clinical record for resident #69, revealed the resident admitted to the facility on 8/19/2008, with diagnoses which including; bipolar disorder (a condition in which people go back and forth between periods of a very good or irritable mood). Physician's orders, revealed the following medications with a black box warning; Lithium Carbonate, 300 mg (milligrams), two times daily, ordered 12/12/08, for diagnosis of	OVIDER OR SUPPLIER DDGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 The facility failed to complete the physician order laboratory testing to ensure adequate medication monitoring and therapeutic effect of the medication for this resident. - The clinical record for resident #69, revealed the resident admitted to the facility on 8/19/2008, with diagnoses which including; bipolar disorder (a condition in which people go back and forth between periods of a very good or irritable mood). Physician's orders, revealed the following medications with a black box warning; Lithium Carbonate, 300 mg (milligrams), two times daily, ordered 12/12/08, for diagnosis of bipolar disorder. The 2011, 16th Edition, Lexi-Comp's Geriatric Drug Handbook, page 1025, identified the following black box warning: "Lithium toxicity is closely related to serum levels and can occur at therapeutic doses; serum lithium determinations are required to monitor therapy." Review of the plan of care, dated on 7/24/12, revealed the resident received the following medication on a routine basis: lithium carbonate. However the care plan lacked the specific information related to the monitoring of the adverse associated with the administration with these medications with black box warnings. Review of the medication administration record (MAR), dated July, 2012, failed to identify these medications with black box warnings and failed to	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) The facility failed to complete the physician order laboratory testing to ensure adequate medication monitoring and therapeutic effect of the medication for this resident. - The clinical record for resident #69, revealed the resident admitted to the facility on 8/19/2008, with diagnoses which including; bipolar disorder (a condition in which people go back and forth between periods of a very good or irritable mood). Physician's orders, revealed the following medications with a black box warning; Lithium Carbonate, 300 mg (milligrams), two times daily, ordered 12/12/08, for diagnosis of bipolar disorder. 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Review of the medication administration record (MAR), dated July, 2012, failed to identify these medications with black box warnings and failed to	CONTRECTION IDENTIFICATION NUMBER: 175413	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEPICIENCIES GEAN DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 The facility failed to complete the physician order laboratory testing to ensure adequate medication monitoring and therapeutic effect of the medication from this resident. - The clinical record for resident #69, revealed the resident admitstead to the facility on 8/19/2008, with diagnoses which including, bipolar disorder (a condition in which people go back and forth between periods of a very good or irritable mood). Physician's orders, revealed the following medications with a black box warning; Lithium Carbonate, 300 mg (milligrams), two times daily, ordered 12/12/08, for diagnosis of bipolar disorder. 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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	IG		08/0	3/2012	
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 329	with the administration on 7/31/12 at 3:30 Pt the hall, and the reside on 7/31/12 at 4:00 Pt reported, "Black box of effects of the medicat listed on the MAR." On 7/31/12 at 4:00 Pt reported, "Black box MAR and on the care on the care plan." On 7/31/12 at 4:15 Pt staff A reported," I just policy to change the cobx warning). We are the care plans as they just had a laminated staff A reported of the care plans as they just had a laminated staff of the resident. However the monitoring of the resident. However the monitoring of the resident on 8/1/12 8:25 AM, linursing staff E reported the medications on the they had a BBW, but warning on the care pondition of the pondi	e consequences associated in of the medications. M, the resident ambulated in ent's gait remained steady. M, licensed nursing staff H warnings are really bad side ion. The side effects are M, direct care staff I warnings are listed on the plan. I have to look them up M, licensed administrative at received a new corporate care plans with BBW (black adding the specific BBW to y come due. Prior to this we sheet that identified the ation, but not specific to the effacility failed to address the dent for adverse lated with the administration with black box warnings." censed administrative ed, "We originally identified e plan of care and identified not putting the specific clan."	F	329				
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needs to have a syste for black box warning. On 8/1/12 at 4:00 PM staff A reported, "I do box warnings." On 8/1/12 at 4:15 PM reported, "I have record the facility to add the stoth to the medications on aware the facility was plans non-specific region. The facility failed to iddresident for the adversassociated with the adversassociated with the adversassociated with the adversassociated with the following diagnoses schizoaffective disord characterized by recurperception and disord hypertension (high blown perception and disord hypertension with Black Clozaril, 200 mg (milliordered 2/20/12, for disorder. The 2011 Lexi-Comp' Handbook,16th Editio	em to monitor side effects s." , licensed administrative on thave a policy for black , pharmacy consultant F mmended several times to specific black box warnings the plan of care I was not making the resident's care garding BBW." Jentify and monitor the se consequences dministration of these k box warning. of resident #91, revealed the ne facility on 2/20/12, with es which included; er (a mental disorder rring distortions in lered thinking), and lood pressure). revealed the following the Box Warning: grams), two times daily, liagnoses of schizoaffective s Geriatric Dosage n, page 380-381, identified	F	329			
Clozapine (Clozaril) w	vith the following black box					
	CONIDER OR SUPPLIER DDGES PAOLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page needs to have a syste for black box warning. On 8/1/12 at 4:00 PM staff A reported, "I do box warnings." On 8/1/12 at 4:15 PM reported, "I have recome the facility to add the state to the medications on aware the facility was plans non-specific regulations. The clinical record of the resident for the adversal associated with the adversal associat	OVIDER OR SUPPLIER DIGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 needs to have a system to monitor side effects for black box warnings." On 8/1/12 at 4:00 PM, licensed administrative staff A reported, "I do not have a policy for black box warnings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I have recommended several times to the facility to add the specific black box warnings to the medications on the plan of care I was not aware the facility was making the resident's care plans non-specific regarding BBW." The facility failed to identify and monitor the resident for the adverse consequences associated with the administration of these medications with black box warning. - The clinical record of resident #91, revealed the resident admitted to the facility on 2/20/12, with the following diagnoses which included; schizoaffective disorder (a mental disorder characterized by recurring distortions in perception and disordered thinking), and hypertension (high blood pressure). The physician orders revealed the following medications with Black Box Warning: Clozaril, 200 mg (milligrams), two times daily, ordered 2/20/12, for diagnoses of schizoaffective	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 needs to have a system to monitor side effects for black box warnings." On 8/1/12 at 4:00 PM, licensed administrative staff A reported, "I do not have a policy for black box warnings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I have recommended several times to the facility to add the specific black box warnings to the medications on the plan of care I was not aware the facility was making the resident's care plans non-specific regarding BBW." The facility failed to identify and monitor the resident for the adverse consequences associated with the administration of these medications with black box warning. - The clinical record of resident #91, revealed the resident admitted to the facility on 2/20/12, with the following diagnoses which included; schizoaffective disorder (a mental disorder characterized by recurring distortions in perception and disordered thinking), and hypertension (high blood pressure). The physician orders revealed the following medications with Black Box Warning: Clozaril, 200 mg (milligrams), two times daily, ordered 2/20/12, for diagnoses of schizoaffective disorder. The 2011 Lexi-Comp's Geriatric Dosage Handbook,16th Edition, page 380-381, identified	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 needs to have a system to monitor side effects for black box warnings." On 8/1/12 at 4:00 PM, licensed administrative staff A reported, " I do not have a policy for black box warnings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I have recommended several times to the facility to add the specific black box warnings to the medications on the plan of care I was not aware the facility was making the resident's care plans non-specific regarding BBW." The facility failed to identify and monitor the resident for the adverse consequences associated with the administration of these medications with black box warning. - The clinical record of resident #91, revealed the resident admitted to the facility on 2/20/12, with the following diagnoses which included; schizoaffective disorder (a mental disorder characterized by recurring distortions in perception and disordered thinking), and hypertension (high blood pressure). The physician orders revealed the following medications with Black Box Warning: Clozaril, 200 mg (milligrams), two times daily, ordered 2/20/12, for diagnoses of schizoaffective disorder. The 2011 Lexi-Comp's Geriatric Dosage Handbook,16th Edition, page 380-381, identified	OVIDER OR SUPPLIER DOGES PAOLA SITREET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 needs to have a system to monitor side effects for black box warmings." On 8/1/12 at 4:00 PM, licensed administrative staff A reported, "I do not have a policy for black box warmings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I have recommended several times to the facility to add the specific black box warmings to the medications on the plan of care I was not aware the facility oas making the resident's care plans non-specific regarding BBW." The facility failed to identify and monitor the resident for the adverse consequences associated with the administration of these medications with black box warning. - The clinical record of resident #91, revealed the resident admitted to the facility on 2/20/12, with the following diagnoses which included; schizoaffective disorder (a mental disorder characterized by recurring distortions in perception and disordered thinking), and hypertension (high blood pressure). The physician orders revealed the following medications with Black Box Warning: Clozaril, 200 mg (milligrams), two times daily, ordered 2/20/12, for diagnoses of schizoaffective disorder. The 2011 Lexi-Comp's Geriatric Dosage Handbook, 16th Edition, page 380-381, identified	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEPICIENCIES GEAR DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 needs to have a system to monitor side effects for black box warnings. On 8/1/12 at 4:00 PM, licensed administrative staff A reported, "I do not have a policy for black box warnings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I do not have a policy for black box warnings." On 8/1/12 at 4:15 PM, pharmacy consultant F reported, "I have recommended several times to the facility to add the specific black box warnings to the medications on the plan of care I was not aware the facility was making the resident's care plans non-specific regarding BBW." The facility failed to identify and monitor the resident admitted to the facility on 2/20/12, with the following diagnoses which included; schizoaffective disorder (a mental disorder characterized by recurring distortions in perception and disordered thinking), and hypertension (high blood pressure). The physician orders revealed the following medications with Black Box Warning: Clozaril, 200 mg (milligrams), two times daily, ordered 2/20/12, for diagnoses of schizoaffective disorder. The 2011 Lexi-Comp's Geriatric Dosage Handbook, 16th Edition, page 380-381, identified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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associated with clozardose-dependent mann myocarditis have been the first month of thera also reported. May car (with or without synco) Triamterene/ hydrochl mg, in the morning, or diagnoses of hyperten. The 2011 Lexi-Comp's Dosage Handbook, pa Triamterene with the warning:" Hyperkalem risk include those with diabetes, the elderly, a potassium levels must intervals especially whwith any illness that m dysfunction." Depakote, 750 mg, in at bedtime, ordered or schizoaffective disorder The 2011 Lexi-Comp's Dosage Handbook, 16 identified Depakote wiwarning: "Hepatic faill occurred in patients. Opancreatitis, occurring following years of use.	isk of agranulocytosis, ning. Seizures have been bine use in a her. Fatalities due to hereported; highest risk in apy, however, later cases use orthostatic hypotension pe)." orathiazied, 37.5 mg/25 dered on 2/20/12, for dision. s,16th Edition, Geriatric age 1806, identified following black box dia can occur; patients at a renal impairment, and the severely ill. Serum to be monitored at frequent then dosages are changed or may cause renal the morning, and 1000 mg in 2/20/12, for diagnoses of er. s Drug Reference Geriatric the Edition, page 509 with the following black box are resulting in fatalities has cases of life-threatening at the start of therapy or	F	329			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			501 A	ADDRESS, CITY, STATE, ZIP CODE ASSEMBLY LANE LA, KS 66071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 329	Dosage Handbook pon Naproxen: with the following bla (nonsteroidal anti-inflation of gastrointestina ulceration, bleeding, associated with an incardiovascular throm myocardial infarction. Review of the plan of revealed the resident medications on eithe needed) basis: cloza triamterene/hydrochlicare plan lacked the to the monitoring of the administration with black box warning. Review of the medications with a black box warning. Review of the medications with a black diamterene/hydrochlinaproxen, clozaril, dethe facility failed in maconsequences associadministration. Observation on, 8/1/2 ambulated in the hall remained steady, and symptoms noted.	s of pain. n, Lexi-Comp's Geriatric age 1213, identified ck box warning:" NSAIDs amatory drug) may increase al irritation, inflammation, and perforation. NSAIDs are creased risk of adverse botic events, including and and a stroke." care, dated 5/29/12, received the following a routine or PRN (as ril, depakote, Naproxen, and crathiazide. However the specific information related the adverse associated with the these medications with ation administration record 12, revealed the following ack box warning; crithiazide, prolixin, epakote and tylenol. However onitoring of the adverse	F3	29				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO 501 ASSEMBLY LANE PAOLA, KS 66071	•			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 329	effects of the medicilisted on the MAR. On 7/31/12 at 4:00 reported, "Black boom MAR and on the care on the care plan." On 7/31/12 at 4:15 staff A reported," I j policy to change the box warning). We at the care plans as the care plans as the just had a laminated BBW for each medication. However the monitoring of the reconsequences assort of these medications. On 8/1/12 8:25 AM, nursing staff E reported medications on they have a BBW, the warning on the care. On 8/1/12 9:45 AM, staff G reported, "Timplemented any cliphold. Furthermore, needs to have a systor black box warning." On 8/1/12 at 4:00 P.	PM, direct care staff I warnings are listed on the re plan. I have to look them up PM, licensed administrative ust received a new corporate exact plans with BBW (black re adding the specific BBW to lev come due. Prior to this we disheet that identified the cation, but not specific to the he facility failed to address the sident for adverse ociated with the administration is with black box warnings." Ilicensed administrative writed, "We originally identified the plan of care and identify out not putting the specific explan." Ilicensed nursing consultant the corporation has not manges yet and the plan is on staff confirmed the facility extem to monitor side effects	F3	229				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 329	consultant F reporter several times to the black box warning to of careI was not a the resident's care p BBW" The facility failed to i resident for the adverse associated with the amedications with blath and a with diagnoses which disorders (a long temperson loses touch we person	M, licensed pharmacy d, "I have recommended facility to add the specific the medications on the plan aware the facility was making lans non-specific regarding dentify and monitor the arse consequences administration of these ack box warning. In # 17's face sheet, medical admission date of 8/29/96, in included: schizophrenic am mental illness in which a with reality). Evealed the following ack box warnings: Evension, 250 mg (milligrams) give 30 ml, by mouth, at ared on 10/20/07, for the ared on 10/20/07, f	F	329		

I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G_		08/0:	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 329	edition, page 380 - 38 black box warning for Warning]: "Significar potentially life- threate associated with cloza dependent manner. If have been reported; hof therapy, however, log therapy however, log the plan of directed staff, "[The refollowing medication of log therapy however, log the plan of directed staff, "[The refollowing medication adnoverse effects/side of the medication adnoverse effects/side of the medication related to adverse conquences administration of these box warnings. Review of the medication adnoverse with the specific blamonitoring of adverse with the administration of the administration of the specific blamonitoring of adverse with the administration of the administration of the specific blamonitoring of adverse with the administration of the administration of the specific blamonitoring of adverse with the administration of the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of adverse with the administration of the specific blamonitoring of the specific blamonitoring of the specific blamonitoring of the spe	psage Handbook, 16th 11, identified the following Clozapine: [U.S. Boxed 11 risk of agranulocytosis, 22 ening. Seizures have been 23 pine use in a dose- 24 fatalities due to myocarditis 25 nighest risk in the first month 26 atter cases also reported. 26 hypotension (with or 26 care, revised on 7/3/12, 27 esident] receives the 27 pakene, Fazaclo, Risperdal, 28 nedications have a black 29 be alert to the potential 20 effects listed on [his/her] 20 ninistration record]." 21 an lacked the specific 21 the monitoring of the 22 associated with 23 the medications with black 25 the monitoring of the 26 associated with 26 associated with 27 the medications with black 28 to identify these 29 k box warnings and failed to 20 to ke box warning and 20 consequences associated	F	329			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	IG		08/0	3/2012	
	ROVIDER OR SUPPLIER		,	50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 329	reported, "Black box effects of the medicar listed on the MAR."O care staff I reported, listed on the MAR an look them up on the comparison of the management of the care plans as the policy to change the comparison of the care plans as the pust had a laminated and the monitoring of the consequences associon of these medications on the medications on the medications on the medications on the care plans and a laminated and a lam	warnings are really bad side tion. The side effects are in 7/31/12 at 4:00 pm, direct l'Black box warnings are don the care plan. I have to care plan." In, licensed administrative the received a new corporate care plans with BBW (black et adding the specific BBW to by come due. Prior to this we sheet that identified the ation, but not specific to the et facility failed to address resident for adverse tiated with the administration with black box warnings." In the component of the plan is on the	F	329				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		175413	B. WIN	G		08/0:	3/2012
	OVIDER OR SUPPLIER			50°	EET ADDRESS, CITY, STATE, ZIP CODE 1 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 329 F 428 SS=E	to the medications on not aware the facility care plans non-specificate plans non-specificate plans non-specificate plans non-specificate plans non-specification for the adverse associated with the amedications with black 483.60(c) DRUG RECURREGULAR, ACT OF The drug regimen of creviewed at least once pharmacist. The pharmacist must the attending physicial	specific black box warning the plan of careI was was making the resident's ic regarding BBW." lentify and monitor the se consequences dministration of these k box warning. GIMEN REVIEW, REPORT N leach resident must be le a month by a licensed report any irregularities to		329 428			
	by: The facility identified The sample included observation, interview facility failed to ensure recommendations rec side effects for 7 of 7 unnecessary medicat and 17) that received warnings. The facility the lack of timely action	a census of 83 residents. 8 residents. Based on and record review, the estaff acted on pharmacy parding monitoring adverse residents reviewed for sions (#1, 15, 54, 74, 69, 91, medications with black box pharmacist failed to identify on on physician ordered of the therapeutic effects of the for 1 resident, #74.					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G	 	08/0:	3/2012
	OVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
F 428	Continued From page	÷ 30	F	428			
	facility admitted the rediagnoses which includisorder (a mental disrecurring distortions a disordered thinking), obrain that results in unmovements), and hyppressure). Physician's orders remediations with black Toprol XL (extended reach morning, ordered tachycardia (rapid heathycardia (rapid heathycardia (rapid heathycardia) (Toprol-XL box warning: "Beta-bl withdrawn abruptly (p Coronary Artery Diseatover 1-2 weeks to avoin hypertension, and/or in the 2011 Lexi-Comp for Nursing, at noon; a bedtime, ordered 9/30 schizoaffective disord The 2011 Lexi-Comp for Nursing, 12th Edit	corder characterized by and perception and convulsions (disorder of the nontrolled abnormal body pertension (high blood detension detension (high blood detension de					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	175413	B. WING		08/0	03/2012	
NAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP 501 ASSEMBLY LANE PAOLA, KS 66071	CODE		
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETION DATE	
risk of agranulo Seizures have to use in a dose-do to myocarditis in the first month of also reported. Moreover, the plus in a dose-do to myocarditis in the first month of also reported. Moreover, the plus in a dose-do to myocarditis in the first month of also reported. Moreover, the plus in a dose-do to myocarditis in the first month of also reported in adulting the precorded in	ng black box warnings: "Significant cytosis, potentially life-threatening. been associated with clozapine ependent manner. Fatalities due lave been reported; highest risk in of therapy, however later cases May cause orthostasis hypotension syncope)." James 10 milligrams, in 5 hister 20 milligrams, in 5 hister 20 milligrams, in 5 hister 20 milligrams, in 5 hister 30 milligrams, in 5 hister 30 milligrams, in 5 hister 10 mil	F 4	28			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G		08/0	3/2012
	OVIDER OR SUPPLIER		•	50	EET ADDRESS, CITY, STATE, ZIP CODE D1 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	resident for adverse of with the administration black box warnings. Review of the medica (MAR), dated 7/1/12, with black box warning the specific black box of the adverse conse administration of the Observation, on 8/2/1 independent ambulat conference room and dollars and there was On 7/31/12 at 4:00 Preported that black boxide effects of medicate side effects on the record (MAR). On 7/31/12 at 4:00 Preported the black boxide effects on the record (MAR). On 7/31/12 at 4:15 Preported a nethe care plans with bladding the specific bladding the	ddress the monitoring of the consequences associated in of these medications with ation administration record identified these medications ags, however failed to reveal a warnings and/or monitoring quences associated with the medications. 12 at 7:30 A.M., revealed the ory resident, approached the a stated he/she had a "billion is a tornado outside." 1.M., licensed nursing staff H, box warnings had really bad ations and the facility listed is medication administration 1.M., direct care staff I, x warnings listed on the	F	428			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRU			(X3) DATE SURVEY COMPLETED			
		175413	B. WIN	G		08/0:	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 428	individual medications black box warnings be Administrative nursing box warning not on the nursing staff E reported attends the Quality Asprovided the facility as associated with black. On 8/1/12 at 9:45 A.N. consultant G, reported not implemented any on hold. Administrative that the facility needed monitor side effects of warnings. On 8/1/12 at 4:15 P.N. staff F, acknowledged to the facility to add the warning to the medical Not aware the facility care plans non-specific warnings. On 8/1/12 at 4:00 P.N. staff A, reported the facility care plans non-specific warnings. The facility lacked a pidentify the specific medications with black. The facility failed to for pharmacy recommend.	acility originally identified the son the plan of care with at not the specific warning. It is staff E confirmed the black to e care plan. Administrative and the pharmacy consultant assurance meetings and general list of side effects box warnings. I., licensed nursing that the corporation had changes yet, the plan was the nursing staff G confirmed to have a system to formed to have a system to f	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G		08/0	08/03/2012	
	OVIDER OR SUPPLIER		•	50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
F 428	to ensure staff monito consequences associ		F	428				
	the facility admitted the diagnoses which inclu- disorder (a mental dis- recurring distortions a	order characterized by and perception and and diabetes mellitus type 2						
	Physician's orders rev medications with blac	-						
	milligrams in 5 millilite	n (valproate sodium), 250 ers, give 500 milligrams (10 rice daily, ordered 4/28/11, coaffective disorder.						
	for Nursing, 12th Editi identified valproic acid following black box walife-threatening pancro	d (depakene), with the arning: "Cases of eatitis, occurring at the start g years of use, have been						
		nin), 1000 milligrams, twice ared 11/4/10, for diagnosis of type 2.						
	for Nursing, 12th Editi medication Glucopha	Drug Information Handbook ion, page 905, identified the ge (metformin), with the arning: "Lactic acidosis is a						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	DING		(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G_		08/03	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	Continued From page rare, but potentially se therapy with metformi	evere consequence of	F	428			
		ams, every 4 hours with l), ordered 8/18/10, for					
	for Nursing, 12th Edit medication ibuprofen, warning: "NSAIDs (no anti-inflammatory drug increased risk of adve thrombotic events, inc NSAIDs may increase	gs) are associated with an					
		ate) 15 milligrams, twice oon, dated 8/4/10, for er.					
	for Nursing,12th Edition Ritalin with the following Potential for drug de	Drug Information Handbook on, page 922-923, identified ing black box warning: pendency exists - avoid in patients who have d periods."					
	medications on either needed) basis: Actos Depakene suspension Ritalin, Synthroid, Tra Consta, Ibuprofen, Ty	nt received the following					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	IG		08/0	3/2012
	OVIDER OR SUPPLIER			50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 428	However, the plan of to identify the specific revealed no plan to a resident for adverse with the administration black box warnings. Review of the medica (MAR), dated 7/1/12, with black box warning the specific black box of the adverse conse administration of the Review of the Pharm revealed: On 1/30/12, "One of areas of focus dealt was black Box Warning a focus concerns ident medications that have listed in each client's concerning these mastate survey. Not all I side effects. Recommon care plans to include for each medication. nursing and quality a On 2/29/12, "The carvisits recommendation of the communications - I not the proposition of the plant of the pl	care, dated 7/24/12, failed black box warning and ddress the monitoring of the consequences associated in of these medications with ation administration record identified these medications ags, however failed to reveal a warnings and/or monitoring quences associated with the medications. acy Consultant Reports the three most prevalent with 1) clinical monitoring, 2) and 3) Diagnosis. System fied; The specific is black box warnings are care plan, but the statement by be too generic for future black box warnings pertain to mendation for Action: Update specific black box warnings Will meet with the director of issurance next month."	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		175413	B. WIN	G		08/0	3/2012
	ODGES PAOLA		'	5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071	93.0	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	On 5/31/12, The Threfocus dealt with: 1. bl monitoring and 3) dru. Observation on 7/31/resident stood at the Scotch tape and place of his/her glasses. On 7/31/12 at 4:00 Preported that black be side effects of medicate the side effects on the record (MAR). On 7/31/12 at 4:00 Preported the black be resident's MAR and control of the side effects on the record (MAR). On 7/31/12 at 4:15 Preported the black be resident's MAR and control of the side effects on the care plans with bladding the specific b	ee most prevalent areas of ack box warning 2) clinical ag-drug interaction." 12 at 2:00 P.M. revealed the main nursing desk asked for ed the tape on the temples 1.M., licensed nursing staff H, box warnings had really bad ations and the facility listed e medication administration 1.M., direct care staff I, x warnings listed on the	F	428			

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SUF COMPLETI	
	175413	B. WIN	G		08/0	3/2012
OVIDER OR SUPPLIER			5	01 ASSEMBLY LANE		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETION DATE
associated with black On 8/1/12 at 9:45 A.M. consultant G, reporter not implemented any on hold. Administrative that the facility needed monitor side effects of warnings. On 8/1/12 at 4:15 P.M. staff F, acknowledged to the facility to add the warning to the medical Not aware the facility care plans non-specific warnings. On 8/1/12 at 4:00 P.M. staff A, reported the facility lacked a pridentify the specific medications with black. The facility lacked a pridentify the specific medications with applit of the medications with applitude the medications wi	d., licensed nursing d that the corporation had changes yet, the plan was e nursing staff G confirmed d to have a system to f medications with black box. I., consultant pharmacist d several recommendations he specific black box ations on the plan of care. was making the residents' fic regarding black box. I., administrative nursing acility lacked a policy for k box warnings. I. policy to direct staff to edications on the resident's atify the specific adverse dications. I. policy to direct staff to edications on the resident's atify the specific adverse dications. I. policy to direct staff to edications to identify dicable Black Box Warnings, ared potential adverse ated with the administration sion, Glucophage, ibuprofen sident.	F	428			
ulagnoses: paranolo s	scriizoprirenia,(a type or					
	CONIDER OR SUPPLIER DDGES PAOLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page associated with black On 8/1/12 at 9:45 A.M. consultant G, reported not implemented any on hold. Administrative that the facility neede monitor side effects of warnings. On 8/1/12 at 4:15 P.M. staff F, acknowledged to the facility to add the warning to the medical Not aware the facility care plans non-specific warnings. On 8/1/12 at 4:00 P.M. staff A, reported the facility to add the medications with black. The facility lacked a pridentify the specific medications with black. The facility failed to for pharmacy recommence of the medications with applications with applications with applications with applications and Ritalin for this results. The clinical record for the clinical record of t	TOURIER ODGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 associated with black box warnings. On 8/1/12 at 9:45 A.M., licensed nursing consultant G, reported that the corporation had not implemented any changes yet, the plan was on hold. Administrative nursing staff G confirmed that the facility needed to have a system to monitor side effects of medications with black box warnings. On 8/1/12 at 4:15 P.M., consultant pharmacist staff F, acknowledged several recommendations to the facility to add the specific black box warning to the medications on the plan of care. Not aware the facility was making the residents' care plans non-specific regarding black box	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 associated with black box warnings. On 8/1/12 at 9:45 A.M., licensed nursing consultant G, reported that the corporation had not implemented any changes yet, the plan was on hold. Administrative nursing staff G confirmed that the facility needed to have a system to monitor side effects of medications with black box warnings. On 8/1/12 at 4:15 P.M., consultant pharmacist staff F, acknowledged several recommendations to the facility to add the specific black box warning to the medications on the plan of care. Not aware the facility was making the residents' care plans non-specific regarding black box warnings. On 8/1/12 at 4:00 P.M., administrative nursing staff A, reported the facility lacked a policy for medications with black box warnings. The facility lacked a policy to direct staff to identify the specific medications on the resident's plan of care or to identify the specific adverse side effects of the medications. The facility failed to follow the consultant pharmacy recommendations to identify medications with applicable Black Box Warnings, to ensure staff monitored potential adverse consequences associated with the administration of Depakene suspension, Glucophage, ibuprofen and Ritalin for this resident. The clinical record for resident #54 included	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 associated with black box warnings. On 8/1/12 at 9:45 A.M., licensed nursing consultant G, reported that the corporation had not implemented any changes yet, the plan was on hold. Administrative nursing staff G confirmed that the facility needed to have a system to monitor side effects of medications with black box warnings. On 8/1/12 at 4:15 P.M., consultant pharmacist staff F, acknowledged several recommendations to the facility to add the specific black box warning to the medications on the plan of care. Not aware the facility was making the residents' care plans non-specific regarding black box warnings. On 8/1/12 at 4:00 P.M., administrative nursing staff A, reported the facility lacked a policy for medications with black box warnings. The facility lacked a policy to direct staff to identify the specific medications on the resident's plan of care or to identify the specific adverse side effects of the medications. The facility failed to follow the consultant pharmacy recommendations to identify medications with applicable Black Box Warnings, to ensure staff monitored potential adverse consequences associated with the administration of Depakene suspension, Glucophage, ibuprofen and Ritalin for this resident. The clinical record for resident #54 included	OVIDER OR SUPPLIER DOGES PAOLA SITREET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 associated with black box warnings. On 8/1/12 at 9.45 A.M., licensed nursing consultant G, reported that the corporation had not implemented any changes yet, the plan was on hold. Administrative nursing staff G confirmed that the facility needed to have a system to monitor side effects of medications with black box warnings. On 8/1/12 at 4:15 P.M., consultant pharmacist staff F, acknowledged several recommendations to the facility to add the specific black box warning to the medications on the plan of care. Not aware the facility was making the residents' care plans non-specific regarding black box warnings. On 8/1/12 at 4:00 P.M., administrative nursing staff A, reported the facility lacked a policy for medications with black box warnings. The facility lacked a policy to direct staff to identify the specific medications on the resident's plan of care or to identify the specific adverse side effects of the medications. The facility failed to follow the consultant pharmacy recommendations to identify medications with applicable Black Box Warnings, to ensure staff monitored potential adverse consequences associated with the administration of Depakene suspension, Glucophage, ibuprofen and Ritalin for this resident. The clinical record for resident #54 included	OVIDER OR SUPPLIER DOGES PAOLA SUMMARY STATEMENT OF DEFICIENCIES GEAN DEFICIENCY MUST BE PRECEDED BY FUIL. REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 associated with black box warnings. On 8/1/12 at 9:45 A.M., licensed nursing consultant G, reported that the corporation had not implemented any changes yet, the plan was on hold. Administrative nursing staff G confirmed that the facility needed to have a system to monitor side effects of medications with black box warnings. On 8/1/12 at 4:15 P.M., consultant pharmacist staff F, acknowledged several recommendations to the facility to add the specific black box warnings. On 8/1/12 at 4:00 P.M., administrative nursing staff A creported the facility lacked a policy for medications with black box warnings. The facility lacked a policy to direct staff to identify the specific medications on the resident's plan of care rot to identify the specific adverse side effects of the medications to 1 identify medications with applicable Black Box Warnings, to ensure staff monitored potential adverse consequences associated with the administration of Depakene suspension, Glucophage, ibuprofen and Ritalin for this resident. The clinical record for resident #54 included

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		175413	B. WIN	G		08/0	3/2012
	ODGES PAOLA			5	REET ADDRESS, CITY, STATE, ZIP CODE 601 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	touch with reality. The difference between w unable to think clearly Physician's orders remedications with BBV Haldol, 1 milligram, by bedtime, ordered 6/1 schizophrenia The 2011 Lexi-Comp for Nursing, page 694 black box warning: "Nurcreased risk of deat treatment of dementia QT interval, life threat occur. May cause ant sedating or cause ext Naproxen, 220 milligr needed) ordered 4/12 for pain. The MARs (medication from April, 2012 through the facility staff admin medication to the resinone administered in May, administered in April, The 2011 Lexi-Comp for Nursing, page 721 black box warning: "Nursing, page 721 black box warning: "Nanti-inflammatory drugered."	in which a person loses by are unable to tell the hat is real and not real, and will often hear voices). Wealed the following W (black box warnings): Wouth, every evening at wind with the lay be inappropriate for h. Not approved for the arelated psychosis, prolong ening arrhythmia, may icholeringic effects, may be rapyridmal symptoms." Tams, by mouth, PRN (as wind with the lay be inappropriate for h. Not approved for the arelated psychosis, prolong ening arrhythmia, may icholeringic effects, may be rapyridmal symptoms." Tams, by mouth, PRN (as wind with food, as needed wind administration records) and half with time in July, 2012, June, 2012, 4 times 2012, and 1 time Trug Information Handbook, identified the following	F	428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	DING		(X3) DATE SUR COMPLETE	
		175413	B. WIN	G	<u>-</u>	08/03	3/2012
	ROVIDER OR SUPPLIER ODGES PAOLA			5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	myocardial infarction, fatal. This risk may in Patients with cardiovas greater risk. NSAIDs serious gastrointestin bleeding, ulceration, a stomach or intestines events can occur at a without warning symp. Review of the plan of revealed no plan to a resident for adverse owith the administration black box warnings. The current July, 201; medications with black side effects, but failed BBW for the medication ecessary monitoring associated with the monomorphism of the moderation of the moderatio	and stroke, which can be crease with duration of use. Iscular disease or risk ular disease may be at cause an increased risk of all adverse events including and perforation of the which can be fatal. These my time during use and toms." care, dated 7/7/2012, ddress the monitoring of the onsequences associated in of these medications with 2, MAR listed the k box warnings with some of the interest on, and failed to identify for adverse consequences edications. M, observation revealed the room, and stated, "I have w," then the resident went M, observation revealed the in the dining room without at 4:00 PM, licensed nursing black box warnings were and the facility listed the effects on the medication	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		175413	B. WIN	G		08/0	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 428			F	428			
	administrative staff F originally putting the r and identifying that th putting the specific was BBW is not on the car consultant comes to t	nedications on the care plan at they have a BBW but not arning on the care plan. The re plan. The pharmacy he QA (quality assurance) n the facility a general list of					
	not made any change for black box warning	I, consultant licensed ed, "The corporation has es yet related to monitoring s, the plan is on hold. The a system to monitor for					
	staff A stated, "The fa for black box warning	, administrative nursing cility does not have a policy s." , pharmacy consultant F					
	the facility to add the to the medications on	ommended several times to specific black box warning the plan of care I was not making the resident's care garding BBW."					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION	(X3) DATE SUF	
		175413	B. WIN	IG		08/0	3/2012
	ODGES PAOLA		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 428	consequences assoc of Haldol, and Naprox - The clinical record resident admitted to t diagnoses which includisorder. (A mental illitell the difference betties not real, and to thin Physician's orders remedications with black Lithium Carbonate, 66 bedtime, ordered 2/24 daily every morning, diagnosis of schizoph The 2011 Lexi-Comp for Nursing, page 86 Carbonate with the fultihium toxicity is cloand can occur at their lithium determinations may be sedating or casymptoms." Review of the 5/23/12 resident received rour care plan documente black box warnings. FMAR for potential admonitor therapy."	inted with the administration for this resident. of resident #74 revealed the the facility on 2/24/2010, with uded schizopheneric fless that makes it hard to ween what is real and what lik clearly.) wealed the following flesh box warnings: 00 milligrams, daily at 44/2012, and 900 milligrams, ordered 2/25/2012, for the following black box warning: Drug Information Handbook 1 identified Lithium following black box warning: sely related to serum levels appeutic doses: serum is are anticholeringic effects, ause extrapyridmal 22, care plan identified the time /PRN medications. The drug in the field in the resident's verse side effects required to milligrams, IM ction, every 28 days, ordered	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		CONSTRUCTION	(X3) DATE SUF	
		175413	B. WIN	G		08/0	3/2012
	ODGES PAOLA		'	501 A	ADDRESS, CITY, STATE, ZIP CODE SSEMBLY LANE LA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 428	for Nursing, page 69 black box warning: increased risk of de treatment of demen QT interval, life three occur. May cause of the current July, 20 administration recorblack box warnings failed to identify the medication, and fail monitoring for adversity with the medications: On 7/31/12 at 1:50 resident walked from his/her room. On 7/31/12 at 4:00 resident walked from his/her room. On 8/1/12 at 8:25 A administrative staff originally putting the and identifying that Box Warning) but not the care plan. The pharmacy (quality assurance) facility a general list. On 8/1/12 at 9:45 A nursing staff G repond made any change.	p Drug Information Handbook 24, identified Haldol with the 'May be inappropriate for ath. Not approved for the tia related psychosis, prolong atening arrhythmia, may effects." 112, MAR (medication ed) listed the medications with with some side effects, but specific BBW for the ed to identify necessary rese consequences associated is. PM, observation revealed the method the method in the commons area to the power of the ed to identify necessary reseconsequences associated is.	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		175413	B. WIN	G		08/0	3/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071	, 00/0	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	facility needs to have black box warnings" On 8/1/12 at 4:00 PM staff A stated, "The fafor black box warning Furthermore, the 5/2/documented Synthrod (milliequilvalents), by On 8/1/12 at 1:30 PM record for the residentaboratory result for Twith a physician orde Further review of the lack of lab test results included in the medical completed." On 8/1/12 at 1:45 PM verified the resident's order for T4 and TSH weeks. Licensed nuthave to check medical completed." On 8/1/12 at 2:17 PM explained, "I didn't see sheet. That lab has rescheduled for the 1st moved it up since find sheet. I have it scheet. On 8/1/12 at 4:15 PM reported, "I have reconstructed the medications on the medications of the medications of the medications of the medications of the statemedical to the medications of the statemedications of the	a system to monitor for , administrative nursing acility does not have a policy s." 12 physician order, id 25 meq. mouth daily. , review of the medical t, revealed the 5/2/12, 4 and TSH (thyroid testing) or to test again in 6 weeks. clinical record revealed a scorresponding to this date all record. , licensed nursing staff J, medical record with an laboratory to retest in 6 resing staff J stated, "You will all records if it was , licensed nursing staff K see the order on the laboratory to retest in a part of August. I have the order on the laboration that is a part of August. I have the order on the laboration to the laboration of the laboration o	F	428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		LE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		175413	B. WIN	G		08/0	3/2012
	ROVIDER OR SUPPLIER	,		50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	to ensure staff monitic consequences associon of Lithium Carbonate this resident and failed of timely action on the laboratory test, to most of medications ordered. The clinical record the resident admitted with diagnoses which (a condition in which between periods of a Physician's orders, remedications with a bluble Lithium Carbonate, 3 times daily, ordered bipolar disorder. The 2011, 16th Edition Drug Handbook, page following black box we closely related to sent therapeutic doses; seare required to monition revealed the resident medications on either	garding BBW." collow the consultant endations to identify dicable Black Box Warnings, cored potential adverse ciated with the administration of an Haldol Deconate, for ed to identify the facility lack to identify the facility lack to physician ordered conitor the therapeutic effects ed for this resident. for resident #69, revealed to the facility on 8/19/2008, including; bipolar disorder people go back and forth very good or irritable mood). Evealed the following ack box warning; On mg (milligrams), two disorder dis	F	428			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SUF COMPLETI	
		175413	B. WIN	G		08/0:	3/2012
	OVIDER OR SUPPLIER		·	5	REET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 428	tylenol. However the information related to adverse associated withese medications with Review of the medicat (MAR), dated July 20 medications with black reveal the specific blamonitoring of adverse with the administration On 7/31/12 at 3:30 Pt the hall, and the gait in On 7/31/12 at 4:00 Pt reported, "Black box reffects of the medicat listed on the MAR." On 7/31/12 at 4:00 Pt reported, "Black box MAR and on the care on the care plan." On 7/31/12 at 4:15 Pt staff A reported, "I just policy to change the content of the care plans as the just had a laminated staff and the resident. However the monitoring of the residents associated with the residents associated with the adverse associated with the adverse the monitoring of the residents. However the monitoring of the residents associated with the adverse associated with the adverse the monitoring of the residents. However the monitoring of the residents associated with the adverse associate	eroquel XR (extended L (extended release), and care plan lacked the specific the monitoring of the with the administration with the black box warning. Ition administration record 12, failed to identify these k box warnings and failed to lack box warning and econsequences associated in of the medications. If the resident ambulating in steady. If the resident ambulating in steady.	F	428			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		175413	B. WING	3	08	/03/2012
	ODGES PAOLA			STREET ADDRESS, CITY, STATE, Z 501 ASSEMBLY LANE PAOLA, KS 66071	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION TE ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 428	nursing staff E report the medications on they have a BBW, it warning on the care. On 8/1/12 9:45 AM, staff G reported, "Timplemented any cloud. Furthermore, needs to have a system for black box warning." On 8/1/12 at 4:00 P staff A reported, "I box warnings." On 8/1/12 at 4:15 P reported, "I have returned to the medications of aware the facility to add the to the medications of aware the facility failed to pharmacist recommedications with apto ensure staff mon consequences assort Lithium Carbonal. The clinical recommedications diagnostized to the following diagnoschizoaffective discontracterized by resident admitted to the follow	licensed administrative red, "We originally identified the plan of care and identify but not putting the specific e plan." licensed nursing consultant The corporation has not nanges yet and the plan is on staff confirmed the facility stem to monitor side effects ngs." M, licensed administrative do not have a policy for black M, pharmacy consultant F ecommended several times to be specific black box warning on the plan of care I was not as making the resident's care regarding BBW." follow the consultant tendations to identify eplicable Black Box Warnings, itored for potential adverse ociated with the administration	F4	428		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		175413	B. WIN	G		08/0	3/2012
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA			·	50	EET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE AOLA, KS 66071		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	medications with Black Clozaril 200 mg (million ordered 2/20/12, for ordisorder. The 2011 Lexi-Comp Handbook, 16th Edition Clozapine (Clozaril) warning: "Significant potentially life-threate associated with clozaring dose-dependent marmyocarditis have been the first month of the also reported. May can (with or without syncomorphisms) order of hypertension. The 2011 Lexi-Comp Dosage Handbook, put Triamterene with the warning: "Hyperkaler risk include those with diabetes, the elderly, potassium levels musticed."	revealed the following ck Box Warning: grams) two times daily, diagnoses of schizoaffective I's Geriatric Dosage on, page 380-381, identified with the following black box risk of agranulocytosis, ening. Seizures have been apine use in a oner. Fatalities due to en reported; highest risk in rapy, however, later cases ause orthostatic hypotension ope)." Inforathiazied 37.5 mg/25 mg, ed on 2/20/12, for diagnoses I's,16th Edition,Geriatric tage 1806, identified e following black box mia can occur; patients at the renal impairment, and the severely ill. Serum as the monitored at frequent when dosages are changed or	F	428			
		the morning, and 1000 mg on 2/20/12, for diagnoses of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G		08/03	3/2012	
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA				5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
F 428	Dosage Handbook, 16 identified Depakote w warning: "Hepatic fails occurred in patients. Opancreatitis, occurring following years of use Naproxen 375 mg, tw weeks, ordered on 7/7/31/12, for diagnosis The 2011,16th Edition Dosage Handbook pa Naproxen: with the following black (nonsteroidal anti-inflarisk of gastrointestina ulceration, bleeding, a associated with an incardiovascular thromb myocardial infarction Review of the plan of revealed the resident medications on either needed) basis: clozar triamterene/hydrochlothowever the care pla information related to adverse associated with medications with Review of the Review of the Review of the Re	s Drug Reference Geriatric of Edition, page 509 ith the following black box cure resulting in fatalities has Cases of life-threatening at the start of therapy or a have been reported." ice daily with food for three 11/12, with a stop date of pain. In, Lexi-Comp's Geriatric age 1213, identified of the start of the start of pain. In, Lexi-Comp's Geriatric age 1213, identified of the start of	F	428				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G		08/0	3/2012	
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA				50	REET ADDRESS, CITY, STATE, ZIP CODE 01 ASSEMBLY LANE PAOLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE		
F 428	the facility failed in moconsequences associal administration. Observation on, 8/1/1 ambulating in the hall the resident without a symptoms. On 7/31/12 at 4:00 Pl reported, "Black box of effects of the medicat listed on the MAR. On 7/31/12 at 4:00 Pl reported, "Black box MAR and on the care on the care plan." On 7/31/12 at 4:15 P staff A reported," I just policy to change the consumption to change the care plans as the just had a laminated set BBW for each medicates ident. However the monitoring of the resident. However the monitoring of the residents on 8/1/12 8:25 AM, linursing staff E reported the medications on the medicatio	orithiazide, prolixin, pakote and tylenol. However onitoring of the adverse ated with their 2 at 11:45 AM, the resident by self. The gait is steady, my Parkinson type M, licensed nursing staff Howarnings are really bad side ion. The side effects are M, direct care staff I warnings are listed on the plan. I have to look them up M, licensed administrative to treceived a new corporate fare plans with BBW (black adding the specific BBW to by come due. Prior to this we sheet that identified the ation, but not specific to the effection, but not specific to the effect of adverse ated with the administration with black box warnings."	F	428				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G_		08/0:	3/2012	
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA				5	REET ADDRESS, CITY, STATE, ZIP CODE 101 ASSEMBLY LANE PAOLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	E ACTION SHOULD BE O TO THE APPROPRIATE		
F 428	staff G reported, " The implemented any cha hold. Furthermore, staneeds to have a syste for black box warning On 8/1/12 at 4:00 PM staff A reported, " I do box warnings." On 8/1/12 at 4:15 PM consultant F reported several times to the fablack box warning to of care I was not at the resident's care plable BBW" The facility failed to for pharmacist recommen medications with applito ensure staff monitor consequences associ of Clozaril, Triamterer for this resident. - A review of resident record revealed an act with diagnoses which disorders (a long term person loses touch with Physician's orders revenedications with blact Depakene suspension	censed nursing consultant e corporation has not nges yet and the plan is on aff confirmed the facility em to monitor side effects s." Ilicensed administrative onto have a policy for black Ilicensed pharmacy I have recommended acility to add the specific the medications on the plan ware the facility was making ans non-specific regarding Illow the consultant ndations to identify licable Black Box Warnings, ared for potential adverse lated with the administration ne, Depakote and Naproxen It # 17's face sheet, medical dmission date of 8/29/96, included: schizophrenic nental illness in which a lith reality).	F	428				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '				OATE SURVEY OMPLETED	
	175413		B. WIN	G		08/03/2012		
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA			•	50	EET ADDRESS, CITY, STATE, ZIP CODE D1 ASSEMBLY LANE AOLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 428	of schizophrenic diso The 2011 Geriatric Deedition, page 1836, id box warning for Depa Warning]: "Hepatic has occurred in patiel life-threatening pancr of therapy or following reported in adults and Fazaclo (Clozapine), pm, and 600 mg with 6/10/06, for the diagn disorders. The 2011 Geriatric Deedition, page 380 - 38 black box warning for Warning]: "Significant potentially life-threated associated with clozated dependent manner. I have been reported; I of therapy, however, May cause orthostatic without syncope). " Review of the plan of directed staff of "[The following medication of a needed] basis: Deand Tylenol. These rebox warning. Please	no/20/07, for the diagnosis riders. Disage Handbook, 16th dentified the following black likene: [U.S. Boxed failure resulting in fatalities ints. Cases of eatitis, occurring at the start givers of use, have been dischildren." by mouth, 300 mg at 4:00 every bedtime, ordered on osis of schizophrenic Disage Handbook, 16th and the following of Clozapine: [U.S. Boxed intrisk of agranulocytosis, ening. Seizures have been pine use in a dosefatalities due to myocarditis inghest risk in the first month later cases also reported. In the hypotension (with or care, revised on 7/3/12, are resident] receives the conceited in the potential effects listed on [his/her] ininistration record]." an lacked the specific	F	428				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		175413	B. WIN	G_		08/0:	3/2012	
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA				5	REET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE		
a a a b F d n n n n n n n n n n n n n n n n n n	Review of the medicariated July 2012, failed nedications with black eveal the specific blanonitoring of adverse with the administration on 7/31/12 at 2:19 pm esident ambulated in raced in circles. On 7/31/12 at 4:00 pm eported, "Black box volfects of the medicatisted on the MAR." On 7/31/12 at 4:00 pm eported, "Black box volfects of the medicatisted on the care plan." On 7/31/12 at 4:15 pm existed and on the care plan." On 7/31/12 at 4:15 pm existed a laminated so warning). We are the care plans as they ust had a laminated so sesident. However, the me monitoring of the roosequences associated these medications with these medications with the series of the series o	associated with e medications with black tion administration record, d to identify these k box warnings and failed to ck box warning and consequences associated in of the medications. In, observation revealed the a television room and In, licensed nursing staff H warnings are really bad side ion. The side effects are In, direct care staff I warnings are listed on the plan. I have to look them up In, licensed administrative received a new corporate are plans with BBW (black adding the specific BBW to a come due. Prior to this we sheet that identified the tion, but not specific to the er facility failed to address	F	428				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	175413		B. WIN	G		08/03/2012		
NAME OF PROVIDER OR SUPPLIER MEDICALODGES PAOLA			·	501	ET ADDRESS, CITY, STATE, ZIP CODE I ASSEMBLY LANE OLA, KS 66071			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLETIC E APPROPRIATE DATE		
F 428	the medications on the they have a BBW, but warning on the care processed on 8/1/12 at 9:45 am staff G reported, "The implemented any chandled. Furthermore, staneeds to have a systifor black box warning." On 8/1/12 at 4:00 pm staff A reported, "I do box warnings." On 8/1/12 at 4:15 pm reported, "I have recent the facility to add the to the medications or not aware the facility care plans non-special to ensure staff monitor consequences associated."	ed, "We originally identified the plan of care and identify that not putting the specific plan." It, licensed nursing consultant the corporation has not anges yet and the plan is on aff confirmed the facility them to monitor side effects is." It, licensed administrative to not have a policy for black to specific black box warning in the plan of careI was was making the resident's fic regarding BBW."	F	428				